

Health IT Advisory Council

September 19, 2019



Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – August 15, 2019	1:10 pm
Approval of Medication Reconciliation & Polypharmacy Standing Committee	1:15 pm
Update on SUPPORT Act (HR 6, Section 5042) Planning	1:25 pm
Update on IAPD (HITECH)	1:55pm
Update on Consent Policy Design Group	2:10 pm
Demonstration of APCD CDAS Dashboard	2:25 pm
Wrap-up and Meeting Adjournment	2:55 pm

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

August 15, 2019 Meeting Minutes

Approval of the Medication Reconciliation & Polypharmacy Standing Committee

Purpose Statement – MRP Committee

Following-up on original MRP recommendation #11 to reconstitute a new committee

The purpose of the MRP Committee (MRPC) is to provide strategic guidance, recommendations, and ongoing support to the Health IT Advisory Council and the Office of Health Strategy (OHS) for the development and implementation of patient-centered and evidence-based best practices necessary to contribute to the development and maintenance of a best possible medications history (BPMH), supported by communication, education, and user-friendly digital tools. The MRPC will build upon the approved recommendations and areas of focus identified by the Medication Reconciliation & Polypharmacy Work Group.

MRP Committee Charter

- Project goals
 - Best possible medication history (BPMH)
 - Online repository of best practices
 - Resource to support med rec initiatives
 - Deprescribing / CancelRX transaction standards
 - Support for funded initiatives (IAPD, SUPPORT Act, other)
- Membership
- Organizational structure
 - Officers
 - Subcommittees
 - Operating procedures
 - Duties of OHS, Health IT Advisory Council

Council Vote to Approve the Establishment of the MRP Committee

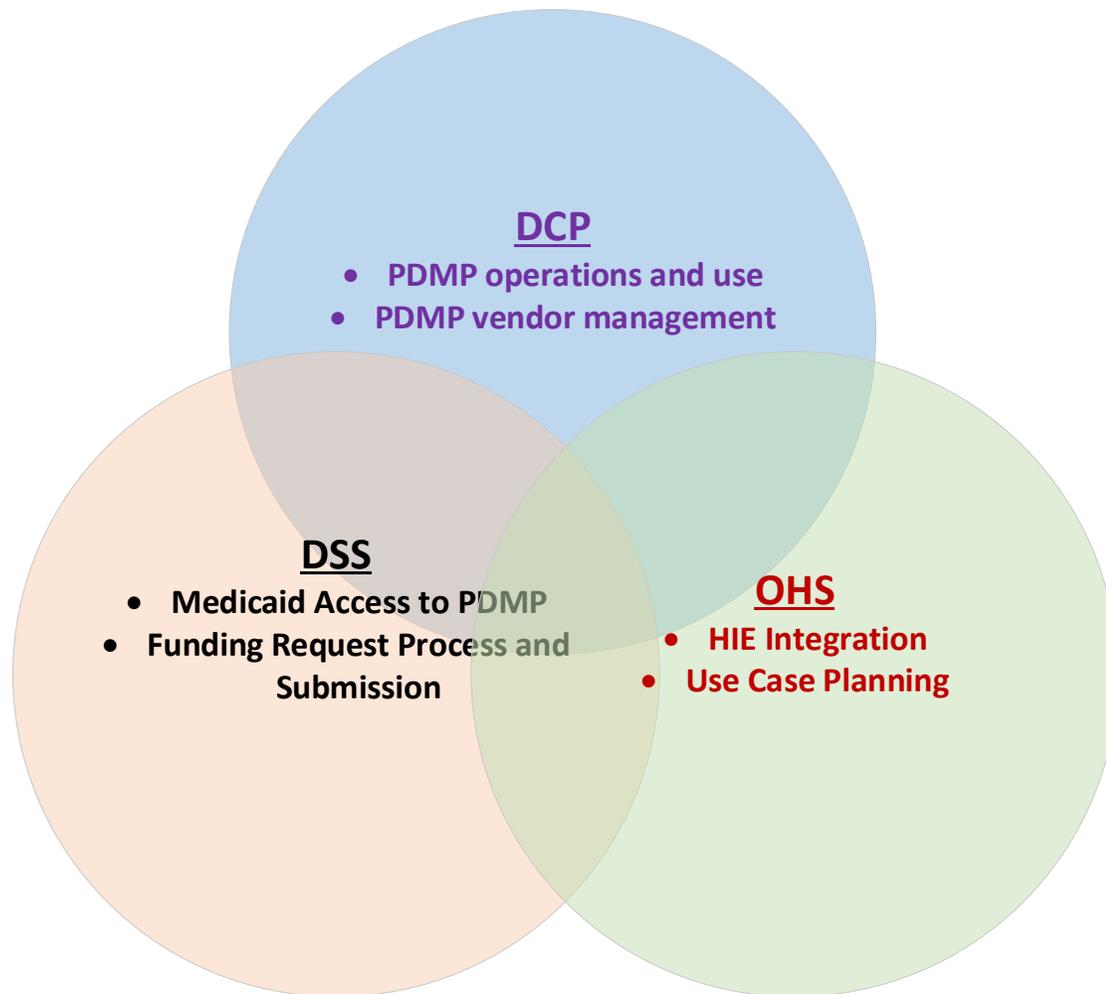
Update on SUPPORT Act (HR 6, Section 5042) Planning

Terry Bequette, CedarBridge Group

Recall: Opportunity and Approach

- 100% Federal match available through FFY 2020 (September 30, 2020) for:
 - Enhancements to help PDMP meet “Qualified PDMP” standards
 - Expansion of PDMP footprint with connections and integrations for provider and health system EHRs
 - Includes connections to HIEs and hubs for interstate data exchange
 - Planning associated with the above (includes additional use case planning)

Collaborative Approach



Collaboration among DCP / DSS / OHS

- Focus on:
 - Adding connections and integrating EHRs
 - Connecting to additional states
 - Meeting “Qualified PDMP” standards
 - Adding HIE connectivity to the PDMP architecture
 - Resolving Medicaid access and use
 - Planning and procuring a disaster recovery solution for the PMDP
 - Planning additional use cases (previously identified through a working group)
 - Planning potential New England regional solution

Major Funding Components by Category

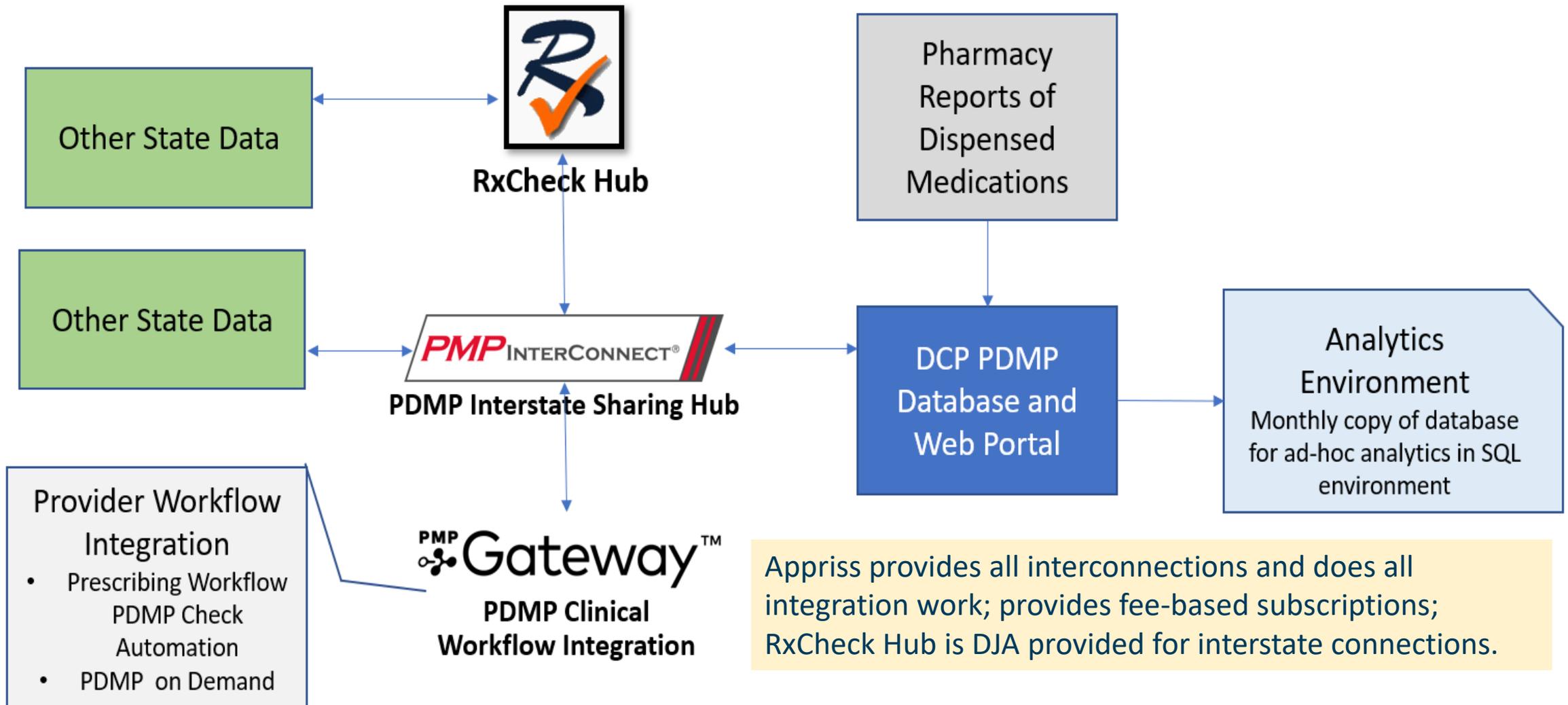
Staffing ¹	
DCP	\$ 208,900
DSS	\$ 50,000
OHS	\$ 39,000
Total Staffing	\$ 297,900

Contracting ²	
HIA	\$ 550,000
Appriss – connections (DCP)	\$ 1,000,000
Appriss – Subscriptions (DCP)	\$ 500,000
Disaster Recovery (DCP)	\$ 250,000
TBD – PDMP Project management and coordination (DCP)	\$ 300,000
TBD – Medicaid project management and consulting	\$ 150,000
TBD – Consulting services for planning	\$ 108,000
Total Consulting	\$ 2,858,000

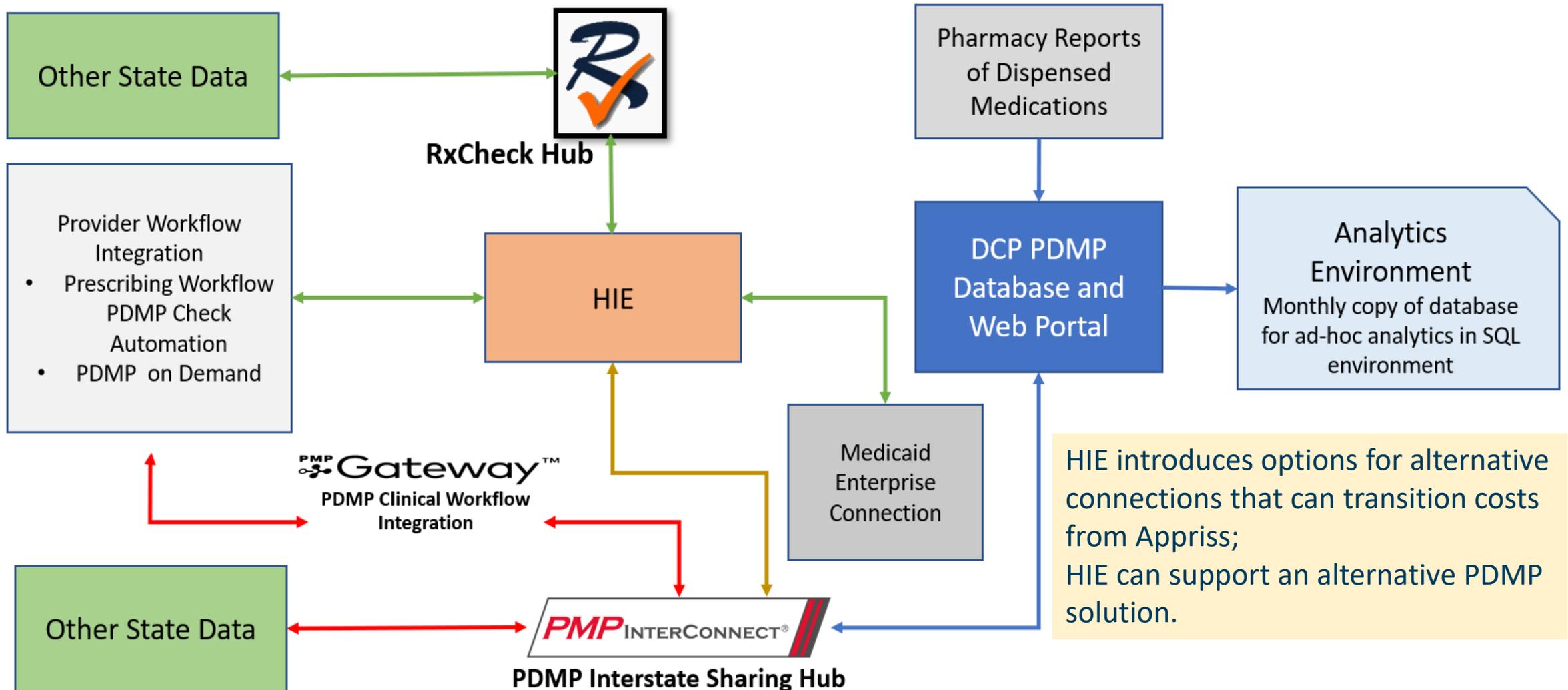
¹ Estimated; to be refined by the agencies

² Estimated; to be confirmed by the agencies

Connecticut PDMP – Current State Diagram



Connecticut PDMP – Intermediate State Diagram



Next Steps

- DCP, DSS, OHS finalize staffing participation and salary data
- DCP, DSS, OHS finalize contracted requirements and amounts
- Reach consensus that conditions for 100% FFP have been met
- Develop inter-agency agreement (DCP/DSS/OHS) for tracking the funds (department heads must agree) (initiate now, can complete after the APD is submitted)
- Finalize the funding request document
- Advisory Council approval (ad hoc call-in meeting, or October)
- APD submitted by the Department of Social Services

Update on IAPD Status

Joe Stanford, Department of Social Services

Update on Consent Policy Design Group

Michael Matthews, CedarBridge Group

Consent Policy Design Group Update

- Focus on guiding principles
- To be used for use case – specific consent policy development
- Aligned with state and federal statutes, trust framework and national interoperability initiatives (e.g., TEFCA)
- Two more meetings scheduled
 - Draft guiding principles developed
 - Exercise for editing and rating underway
- Report to Health IT Advisory Council in October or November

Demonstration of APCD CDAS Dashboard

Alan Fontes, UConn AIMS

Wrap up and Next Steps

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Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>